

**TEAR OFF & KEEP THIS PAGE****WAGE CLAIM FORM**

The Department can accept only those claims that fall within the scope of the law. In order to make this determination it is necessary to complete the attached "Wage Claim" form. An Industrial Relations Agent will review the information provided to determine if the claim can be processed.

Claim forms are processed by the Industrial Relations Agent that handles the **county** in which the **employer** is located. For work performed in Washington by an out-of-state firm, claims are handled by the Agent that covers the county in which the work was actually performed. **Please mail your form to the correct L&I service location for processing.** A list of addresses is on the reverse. (Note: The address on the claim form is for the Olympia service location only.)

**DO NOT FILL OUT THE FORM IF THE FOLLOWING APPLIES TO YOU:**

1. The claim is against:
  - A person you intend to sue in a court.
  - A business in which you are a partner or had a financial interest.
  - A family member.
2. It has been more than 60 days since the last date you worked for your former employer. (Please note former employees of registered Farm Labor Contractors may file a claim if it has been within three years of the violation. Workers owed prevailing wages must file a claim within 30 days of the project's acceptance by the public agency.)
3. Your claim is for more than \$5,000. You should seek legal counsel through a private attorney.
4. You are self-employed.
5. The claim represents unpaid vacation or sick leave, holiday pay, severance pay or bonuses. Claims for unpaid commissions are accepted only if a minimum wage violation has taken place and the claimant has the necessary documentation to substantiate the claim.
6. The claim is based on wages earned outside the state of Washington. You may wish to contact the Department of Labor for the state in which you performed the work to inquire about your rights.
7. Your former employer has filed bankruptcy. If this is the case, you should file a "Proof of Claim" form with the U.S. Bankruptcy Court.
8. You are still working for the employer with whom you have the dispute.

You may wish to seek legal advice if your claim involves the items listed above.

**ACCEPTANCE OF THIS CLAIM DOES NOT GUARANTEE COLLECTION.**

When the Industrial Relations Agent is unable to obtain voluntary payment or we are unable to substantiate the validity of the claim, the following guidelines apply on referral for legal action:

- A. If your claim is less than \$4,000, you will be advised to take legal action through Small Claims Court. If a Judgment is entered against the firm on your behalf and remains unpaid after the date specified by the Court, contact the Department for further information on collection procedures.
- B. If your claim is in excess of \$4,000, you may be advised to seek private counsel as regulation RCW 49.52.070 provides for double damages together with costs of suit and reasonable attorney fees.
- C. A valid claim between \$4,000 and \$5,000 may, under some circumstances, be referred for legal action by the Department if the claimant is financially unable to employ counsel. Specific guidelines are in place for these referrals and an Industrial Relations Agent should be contacted to find out if you meet the criteria.

Fill in the form as completely as possible to provide the Department with the information needed to substantiate the claim. If necessary, use a separate sheet of paper for recording this information. **A correct computation of the amount due must be included in the space provided.** Supply documents or records which support the claim, e.g., copies of time records, calendars or any record kept of days and hours worked and the activities performed; or, explain why the records and documents cannot be supplied. **It is your responsibility to substantiate the validity of the claim for the amount stated on your form.** Additionally, it is your responsibility to provide the Department with any new or forwarding address; otherwise, the claim will be closed. Failure to respond to requests from the Department will also cause the claim to be closed.

An investigation will be conducted as quickly as possible. **Generally, regular wage claim investigations take between 45 to 60 days to resolve and complex claims may take between three to six months. Prevailing wage investigations can take up to two years to resolve.** When a final determination has been made, you will be notified.

| Department of Labor and Industries Service Locations  |                       |  |                 |                      |
|---|-----------------------|--|-----------------|----------------------|
| COUNTY  | CITY                  | MAILING / LOCATION ADDRESS   | PHONE # / FAX # |                      |
| Island<br>San Juan<br>Skagit<br>Whatcom   | <u>MOUNT VERNON</u>   | 525 East College Way, Suite H<br>Mount Vernon, WA 98273-5500   | (360)<br>FAX #  | 416-3000<br>416-3030 |
|   | <u>BELLINGHAM</u>     | 1720 Ellis Street, Suite 200<br>Bellingham, WA 98225-4600  | (360)<br>FAX #  | 647-7300<br>647-7310 |
| Snohomish   | <u>EVERETT</u>        | 729 – 100 <sup>th</sup> Street S.E.<br>Everett, WA 98208-3727  | (425)<br>FAX #  | 290-1300<br>290-1399 |
| King  | <u>SEATTLE</u>        | 315 5 <sup>th</sup> Avenue South, Suite 200<br>Seattle, WA 98104-2607  | (206)<br>FAX #  | 515-2800<br>515-2779 |
|   | <u>BELLEVUE</u>       | 616 – 120 <sup>th</sup> Avenue N.E., Suite C-201<br>Bellevue, WA 98005-3037  | (425)<br>FAX #  | 990-1400<br>990-1445 |
|   | <u>TUKWILA</u>        | (Mailing) P. O. Box 69050, Seattle, WA 98168-1050<br>(Street) 12806 Gateway Drive, Tukwila, WA 98168-3346          | (206)<br>FAX #  | 835-1000<br>835-1099 |
| Pierce  | <u>TACOMA</u>         | 950 Broadway, Suite 200<br>Tacoma, WA 98402-4453   | (253)<br>FAX #  | 596-3945<br>596-3956 |
| Clallam<br>Jefferson<br>Kitsap  | <u>BREMERTON</u>      | 500 Pacific Avenue, Suite 400<br>Bremerton, WA 98337-1904  | (360)<br>FAX #  | 415-4000<br>415-4048 |
|   | <u>PORT ANGELES</u>   | 1605 East Front Street, Suite C<br>Port Angeles, WA 98362-4628   | (360)<br>FAX #  | 417-2700<br>417-2733 |
| Grays Harbor<br>Lewis<br>Mason<br>Thurston<br>Pacific***  | <u>OLYMPIA</u>        | (Mailing) P. O. Box 44510, Olympia, WA 98504-4510<br>(Street) 7273 Linderson Way S.W., Tumwater, WA 98501          | (360)<br>FAX #  | 902-5313<br>902-5300 |
|   | <u>ABERDEEN</u>       | (Mailing) P. O. Box 66, Aberdeen, WA 98520-0066<br>(Street) 415 Wishkah Street, Suite 1-B, Aberdeen, WA 98520-0013 | (360)<br>FAX #  | 533-8200<br>533-8220 |
| Clark<br>Klickitat<br>Skamania  | <u>VANCOUVER</u>      | 312 S.E. Stonemill Drive, Suite 120<br>Vancouver, WA 98684-6982  | (360)<br>FAX #  | 896-2300<br>896-2345 |
| Cowlitz<br>Pacific***<br>Wahkiakum  | <u>LONGVIEW</u>       | 900 Ocean Beach Highway<br>Longview, WA 98632-4013   | (360)<br>FAX #  | 575-6900<br>575-6918 |
| Adams*<br>Grant**<South of I-90><br>Kittitas<br>Yakima  | <u>YAKIMA</u>         | 15 West Yakima Avenue, Suite 100<br>Yakima, WA 98902-3480  | (509)<br>FAX #  | 454-3700<br>454-3710 |
| Benton<br>Columbia<br>Franklin<br>Walla Walla   | <u>KENNEWICK</u>      | 4310 West 24 <sup>th</sup> Avenue<br>Kennewick, WA 99338-1992  | (509)<br>FAX #  | 735-0100<br>735-0121 |
| Chelan<br>Douglas<br>Grant**<North of I-90><br>Okanogan   | <u>WALLA WALLA</u>    | 1815 Portland Avenue, Suite 2<br>Walla Walla, WA 99362-2246  | (509)<br>FAX #  | 527-4437<br>527-4486 |
|   | <u>EAST WENATCHEE</u> | 519 Grant Road<br>East Wenatchee, WA 98802-5459  | (509)<br>FAX #  | 886-6500<br>886-6510 |
|   | <u>MOSES LAKE</u>     | 3001 West Broadway Avenue<br>Moses Lake, WA 98837-2907   | (509)<br>FAX #  | 764-6900<br>764-6923 |
| Adams*(S.E.)<br>Asotin<br>Ferry<br>Garfield<br>Lincoln<br>Pend Oreille<br>Spokane<br>Stevens<br>Whitman | <u>OKANOGAN</u>       | 1234 South 2 <sup>nd</sup> Avenue<br>Okanogan, WA 98840-9723   | (509)<br>FAX #  | 826-7345<br>826-7349 |
|   | <u>SPOKANE</u>        | 901 North Monroe Street, Suite 100<br>Spokane, WA 99201-2149   | (509)<br>FAX #  | 324-2600<br>324-2636 |
|   | <u>COLVILLE</u>       | 298 South Main, Suite 203<br>Colville, WA 99114-2416   | (509)<br>FAX #  | 684-7417<br>684-7416 |
|   | <u>PULLMAN</u>        | (Mailing) P. O. Box 847, Pullman, WA 99163-0847<br>(Street) 1250 Bishop Blvd. S.E., Suite G, Pullman WA 99163      | (509)<br>FAX #  | 334-5296<br>334-3417 |



# WAGE CLAIM

## CLAIMANT INFORMATION

**Please answer all questions. Incomplete forms cannot be processed.**

|   |                           |   |
|---|---------------------------|---|
| 1. Your name (First name) (Last name) (Middle initial)    |                           | 2. Phone number (H) (W)   |
| <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. |                           |   |
| 3. Address City State ZIP+4                               | 4. Social Security Number |   |
| 5. Type of work performed                                 |                           | 6. If younger than age 19:<br>Date of birth (mo/day/yr) ____/____/____<br>Were you under age 18 when employed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Was parent authorization form signed? <input type="checkbox"/> Yes <input type="checkbox"/> No |

## COMPANY INFORMATION

|   |   |  |
|---|---|--|
| 7. Company name   | 8. Type of business   | 9. Is this an agricultural business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Mailing address City State ZIP+4  | 11. Phone Number at Mailing Location  |  |
| 12. Address where work is performed, if different City State ZIP+4  | 13. Phone Number at Physical Location   |  |
| 14. Was any work performed outside of Washington State?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Owner, manager or supervisor's name   | 16. Are you related?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| 17. If "Yes" is checked in question 16, please describe your relationship to the employer                           | 18. Is the company still in business?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have they filed for bankruptcy?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |

## WAGE CLAIM INFORMATION

**Please attach copies (not originals) of any pay stubs or record of hours worked.**

|  |   |   |  |
|--|---|---|--|
| 20. Rate of pay: Hour Day Week Month<br>\$ ____ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |   | 21. Other rate of pay: Piece rate Commission Flat rate Other (specify)<br>\$ ____ Per <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |
| 22. How often were you paid?<br><input type="checkbox"/> Monthly <input type="checkbox"/> Twice monthly <input type="checkbox"/> Every other week <input type="checkbox"/> Weekly <input type="checkbox"/> Daily   |   | 23. When is the next scheduled payday?<br>____/____/____  |  |
| 24. Are you represented by a Union?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 25. Do you have a written agreement?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | 26. Have you authorized any deductions (other than payroll taxes) from your pay? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| 26a. If "Yes" is checked in question 26, please describe and, if available, provide a copy of the deduction authorization  |   |   |  |
| 27. Were you paid straight time for overtime hours? <input type="checkbox"/> Yes <input type="checkbox"/> No   | 28. Were overtime hours recorded by the employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know | 29. Are overtime hours on time cards?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know   |  |
| 30. Did you receive pay stubs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 31. Do you have your pay stubs?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | 32. Do you have your own record of hours worked other than pay stubs? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 33. Are you still working for this employer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fired <input type="checkbox"/> Quit <input type="checkbox"/> Laid off <input type="checkbox"/> Don't know  |   |   |  |
| 33a. If no longer working for this employer, state the reason(s) for leaving   |   |   |  |
| 34. Do you have any property belonging to the employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", describe the property  |   | 35. Do you have any outstanding loans/advances? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "Yes", list balance owing \$ ____  |  |
| 36. Date you began working for this employer ____/____/____  | 37. Last date you worked for this employer ____/____/____   | [We do not accept claims if it has been more than 60 days since the last date you worked.] (See item #3 on info. sheet)   |  |
| 38. Have you asked the employer for the wages you are claiming?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", When? Who?   |   |   |  |
| 39. Reason the employer refused or failed to pay   |   |   |  |
| 40. Type of Claim: Check appropriate box and provide additional information on back of form or on a separate sheet of paper.<br><input type="checkbox"/> Final check <input type="checkbox"/> Bad check <input type="checkbox"/> Unpaid minimum wage <input type="checkbox"/> Unpaid hours worked<br><input type="checkbox"/> Unpaid travel time <input type="checkbox"/> Unpaid overtime <input type="checkbox"/> Unpaid agreed wage <input type="checkbox"/> Unauthorized deduction(s)<br><input type="checkbox"/> Unpaid commission (See item #6 on information sheet) <input type="checkbox"/> Unpaid prevailing wage (Fill out "Prevailing Wage Information" on back of form)<br><input type="checkbox"/> Other (specify) _____ |   |   |  |

**GROSS WAGES OWED****DO NOT deduct payroll taxes when computing wages due.**

|  |                                      |   |
|--|--------------------------------------|---|
| 41. From (mo-day-yr)<br>____/____/____ | 42. To (mo-day-yr)<br>____/____/____ | Hours Days Weeks Months<br>43. Number of: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (specify) _____ |
|  |                                      | 44. At the rate of: \$ _____ per _____ = Total \$ _____   |
|  |                                      | 45. Less any agreed deduction(s) from wages \$ _____  |
|  |                                      | 46. Less any amounts received \$ _____  |
|  |                                      | 47. Balance due \$ _____  |

**Attach copies (not originals) of any pay stubs and/or record of hours worked to substantiate the validity of the claim for the amount stated.****ADDITIONAL COMMENTS****Continue on additional sheet of paper if necessary.**

|  |
|--|
| 48.<br>_____<br>_____<br>_____<br>_____<br>_____ |
|--|

**PREVAILING WAGE INFORMATION****Please attach copies (not originals) of any pay stubs or record of hours worked.**

|   |   |  |
|---|---|--|
| 49. Project name<br>_____   | 50. Awarding agency (public entity work is being performed on behalf of)<br>_____ |  |
| 51. Name of general contractor (prime contractor)<br>_____                            |   |  |
| 52. Job classification (type of work performed)<br>_____                              |   |  |
| 53. Hourly rate paid<br>\$ _____  | 54. Prevailing wage rate required (if known)<br>\$ _____                          | 55. Was an "Intent to Pay Prevailing Wage" form posted on the job site?<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know  |
| 56. Is project completed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | 57. Project completion date<br>____/____/____                                     | 58. Does your employer provide any benefits?<br><input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vacation <input type="checkbox"/> Pension <input type="checkbox"/> Holidays <input type="checkbox"/> Other |
| 59. If "Other" is checked in question 58, please specify other benefit(s)<br>_____    |   |  |

**YOUR SIGNATURE & CONTACT PERSON INFORMATION****You must sign this form in order for it to be processed.****To the best of my knowledge, the information I have entered on this form is true and accurate.**

|  |                               |
|--|-------------------------------|
| 60. Date<br>_____  | 61. Signature<br>_____        |
| Please provide the name, address and telephone number of a contact person <u>not living at your residence</u> who will always know how to reach you. This is necessary in the event we cannot locate you at the address or phone number listed for you on your form. |                               |
| 62. Name<br>_____  | 63. Phone number<br>_____     |
| 64. Address<br>_____   |                               |
| City<br>_____  | State<br>_____ ZIP+4<br>_____ |

**This Section for Department Use Only**

|                              |          |  |  |
|------------------------------|----------|--|--|
| Full amount due              | \$ _____ | Field Investigation <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Close Out Information</b>           |
| Settlement paid              | \$ _____ | If able to determine from investigation:                                     | <input type="checkbox"/> Paid \$ _____ |
| Type of resolution (specify) | _____    | Violation of RCW #   | <input type="checkbox"/> Unpaid        |
| General Referral             | _____    |  |  |
| Lawyer Referral              | _____    | Violation of WAC #   | Date closed                            |
| Other                        | _____    |  |  |
| Agent's name: _____          |          |  |  |